

## ORIGINAL RESEARCH ARTICLE - CLINICAL STUDY

## Clinical evaluation of *Pathya Ahara* and *Avipattikara Churna* in the management of *Amlapitta*

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### ABSTRACT

**Introduction:** The main cause for several diseases, which we are witnessing today, is considered to *Ahitaahara sevana*. The disease *Amlapitta* is no exception to this condition. This unhealthy life style disturbs the normal physiology of digestion and leads to many digestive disorders and *Amlapitta* is one of them. Prevalence of dyspepsia is about 20-30% worldwide. Antacids are among the most widely used medicines all over the world. US Food and Drug Administration (FDA) warned that there is increase risk of fractures with the use of Proton Pump Inhibitor (PPI). As compared to modern medicine, Ayurveda has a lot to offer in cases of Gastro Intestinal Disorders such as hyperacidity or functional dyspepsia. In the management of *Amlapitta*, Acharyas told to use the diet and drugs which having *Tikta - Madhura Rasa, Madhura Vipaka, Sheeta Virya & Laghu* property with *Kapha-Pittahara* action. **Methods:** Considering the role of diet an attempt was made for clinical evaluation of *Pathya Ahara* and *Avipattikara Churna* in the management of *Amlapitta*. 60 selected patients were taken for study randomly divided into two groups A and B, 30 in each group. Group A was given *Avipattikara Churna* and no diet restriction was advised to this group and Group B was given *Avipattikara Churna* along with prescribed diet chart for 6 weeks duration and follow up was done at every second week. **Result:** Among both the groups Group B showed ( $p < 0.001$ ) extremely significant results than Group A. **Conclusion:** This shows that *Pathya* diet plays an important factor in the management of disease and also can enhance the efficacy of medicine.

**Keywords :** *Ahitaahra, Dyspepsia, Pathya, Rasa, Tikta, Veerya, Vipaka*



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**How to Cite the Article :** Singh M, Agrawal SK, Clinical evaluation of *Pathya Ahara* and *Avipattikara Churna* in the management of *Amlapitta*, JOA XIV-1, 2020; 29 - 39

#### Introduction:

*Ayurveda* is as old as human civilization based on two principles i.e. to maintain the health of the healthy person and to cure the illness of the diseased person.<sup>[1]</sup> Food pattern of people has undergone numerous changes from Stone Age to space age. These changes have been always for the better aspect of life. Most of the diseases are deeply rooted in underprivileged dietary habits

like *Ajirna bhojana*, *Akala Bhojana*, *Akala Anashana*, *Viruddha Bhojana*, *Atimatra*, *Amla*, *Lavana*, *Katu Rasa* etc; improper life style like *Vegavidharana*, *Divaswapna*, *Ratri Jagarana* etc; and *Manasika Bhavas* like *Chinta*, *Shoka*, *Bhaya*, *Krodha* etc. This unhealthy life style disturbs the normal physiology of digestion and leads to many digestive disorders and *Amlapitta* is one of them. *Dyspepsia* is a condition of great clinical significance as large proportion of patients visiting gastroenterology clinics all over has *dyspepsia*.<sup>[2,3]</sup> Prevalence of *dyspepsia* is about 20-30% worldwide.<sup>[4]</sup> In a study from Chandigarh, India, of 2048 individuals, 155 (7.5%) had *dyspepsia* (defined as intermittent or persistent pain, nausea or discomfort referable to the upper alimentary tract that has been present for one month or more and was unrelated to exertion).<sup>[5]</sup> Therefore, from the limited data available, it may be concluded that 7.6 to 49% of Indian population report *dyspeptic* symptoms. The food has been given the prime importance since Vedic period, Acharya Kasyapa opines that health is dependent on food; he also considers food as *Mahabheshaja*.<sup>[6]</sup> Acharya Charka emphasises that the body as well as disease are formed by food, wholesome and unwholesome food are responsible for happiness and misery in life.<sup>[7]</sup> Acharya kashyapa states that “no medicine is equivalent to food; it is possible to make a person disease free with just proper diet”.<sup>[8]</sup> The main cause for several diseases, which we are witnessing today, is considered to *Ahitahara sevana*. So, treatment should be aimed at restoring and maintenance of good health without any artificial aids and relief from the discomfort associated with *Amlapitta*.

### Need of the study:

Antacids are among the one of the most widely used medicine all over the world. US Food and drug Administration (FDA) warned that there is increase risk of fractures with the use of Proton Pump Inhibitor.<sup>[9]</sup> By taking antacids the person neutralizes acid which is the first line of immunity and becomes more prone to various infections. Ayurveda Vaidyas are providing cure for the patients of these chronic *dyspeptic* disorders. Several single and compound drugs have been tried

in this disease but still the problem persists because physicians are not fully concentrating on role of diet as mentioned in Ayurveda, so one has to consider diet and lifestyle modifications to get good results. As compared to modern medicine Ayurveda has a lot to offer in cases of Gastrointestinal Disorders such as hyperacidity/functional *dyspepsia*. Acharyas told to use the diet and drugs which are having *Tikta - Madhura Rasa*, *Madhura Vipaka Sheeta Virya* & *Laghu Ruksha* property with *Kapha-Pittahara* action. So an attempt was made to clinically evaluate *Pathya Ahara* and *Avipattikara Churna* in the management of *Amlapitta* with following aims & objectives:

### Aims and objectives:

1. To make a dietary schedule for prevention of *Amlapitta*.
2. To study the clinical effect of ‘prescribed diet module (*Pathya Ahara*)’ in *Amlapitta*.
3. To evaluate clinical effect of ‘*Avipattikara churna*’ in the management of *Amlapitta*.

### Materials and methods:

**Literary Study:** Study was reviewed through various *Samhitas* and information collected from other books in the field of Ayurveda and modern science. Regarding *Amlapitta* (*dyspepsia*) and its dietary management on the basis of this review a dietary module for *Amlapitta* was prepared.

**Clinical Study:** On the basis of literary study the prepared diet module was clinically tested as compared to *Avipattikara churna*<sup>[10]</sup> on the uncomplicated cases with classical symptoms of *Amlapitta* irrespective of age, sex, caste, religion and profession.

**Study setting:** The study had been carried out in the Department of *Swasthavritta* and *Yoga* of National Institute of Ayurveda, Jaipur.

**Type of study:** Randomized clinical study

**Duration of study:** Duration of the trail for each group was of 6 weeks and assessment was done after every 2

weeks.

**Sampling:** Simple sequential sampling

**Randomization:** Simple randomization

**Allocation concealment:** Central

**Inclusion criteria:**

1. Patients fulfilling proposed diagnostic criteria
2. Patients of either sex were taken for this study.
3. Patients between 20 – 70 yrs of age were selected.
4. Participants from whom the written consent is obtained.

**Exclusion criteria:**

1. Patients with severe I.B.S.
2. Known case of peptic & gastric ulcers.
3. Patients suffering with diabetic mellitus.
4. Patients suffering from any systematic disorder which interfere with present study will be excluded.
5. Pregnant Women.

**Ethical Committee clearance:**

The submitted synopsis protocol was approved by “Intuitional Ethics Committee, National Institute of Ayurveda Jaipur” with No.IEC/ACA/2016/77 dated 26-05-2016.

**Consent to participate in study:** A detailed consent form was prepared with concern to the present study. Participants were detailed about merits and demerits of research work, duration of trial drug and route of administration of formulation before taking consent. During follow up regular records were further documented in the case sheet.

**Baseline data recording:**

History of the patients was taken and systemic examination was done and clinical proforma was filled. Follow-up was done at the interval of 2 weeks.

**Intervention:**

**In group A:** In this group ½ Karsha (6 gms) of Avipattikar churna was given twice a day ½ hour before major meals to 30 patients. This drug was provided from NIA hospital’s OPD pharmacy, no diet restrictions were given to this group.

**In group B:** A printed diet chart was prepared and was strictly advised to fallow along with Avipattikar churna in 30 patients of this group. The patients of either group those not fallowing the drug and diet were discarded from the study. (Diet chart shown in Table No.2)

**Diet and restrictions:** No restriction of diet was given to Group A. In Group B diet chart with advice to use abundantly, moderate use and avoid using food items were listed (Table No.2) with guidelines for intake of food were mentioned.

**Table I: Showing distribution of the patients in each group**

Groups	Intervention	No of Registered Pts.	No of Pt. Completed Therapy.	Duration of Therapy
Group A	Avipatkar Churna	30	30	6 Weeks
Group B	Diet Module + Avipatkar Churn	30	30	6 Weeks

**Preparation of drug:** Already prepared Avipattikara churna was given from the OPD pharmacy of National Institute of Ayurveda, Jaipur.

**Table II: Patient Diet Chart**

स्वस्थवृत्त एवं योग विभाग, राष्ट्रीय आयुर्वेद संस्थान, जयपुर “Clinical evaluation of <i>Pathya Ahara</i> and <i>Avipattikara Churna</i> in the management of <i>Amlapitta</i> ” अम्लपित्त डाइट चार्ट			
खाद्य पदार्थ	अधिक उपयोग	कम उपयोग	उपयोग करने से बचें
रोटी	जौ, गेहूं	जई, मक्का, ज्वार	बाजरा, रागी, मेदा, बेसन
चावल	ताज़ा बने हुए	पोहा, इडली, डोसा	फ्राइड चावल, बिरयानी, पुलाव, खिचडी
दालें	मूंग, मसूर, राजमाष	अरहर (तुअर), सफेद चना, मटर	सोयाबीन, उड़द, काला चना, कुलथी
मांस	सूप	चिकन का उबला या भुना हुआ मांस या सूप	तली हुई मछली, मांस या अंडा, मटन इत्यादि
सब्जियां	करेला, चोलाई, बथुआ, कद्दू, लौकी, नेनुआ, चिचोन्दा, परवल, तुरई, हरे मटर, प्याज, टिंडा, रतालू, चोपतिया, धनिया	कुन्दरू, चना पतियां, काचरी, सेंगरी फली, कमरख, शकरकंद, गाजर, मूली, भिण्डी, शलगम,	सरसों के पत्ते, हरी मेथी, सोया पत्ते, मूली के पत्ते, सहजन के फूल, फूलगोभी, पपीता, करौंदा,
	पत्ती	टमाटर, लोबिया की फली, राजमा फली, ग्वार फली, सहजन फली, , पालक, पत्तागोभी	कच्चे टमाटर, बैंगन, आलू, अरबी, जमीकंद, लहसुन, मशरूम, सैम,कटहल
दोपहर मे खाने वाले फल,सलाद या ड्राई फ्रूट	सलाद: प्याज, पके टमाटर, कच्ची ककड़ी /खीरा	गाजर, मूली	कच्चा टमाटर, पकी ककड़ी
	फल:अनार, आमला, खजूर, अंजीर, पका हुआ अंगूर, पका हुआ और मीठा आम, कोमल नारियल, अमरुद, जामुन, फालसा, सीताफल, बेर, खरबूज, सिंघाडा, पका पपीता, पका केला	नाशपाती, सेब, खिरनी फल, तरबूज, नीबू	कच्चे अंगूर, लीची, अनानास, कच्चे एवम खट्टे आम, आडू, चेरी , बडहल
	ड्राई फ्रूट : अंजीर, किशमिश, खजूर, मखाना	सूखे बेर, चिरोंजी, तरबूज के बीज	पुराना नारियल, काजू, पिस्ता, बादाम, अखरोट
दूध और उत्पाद	गाय का दूध	भैंस का दूध, बटर मिल्क	भेड़ का दूध, दही आदि
फैट और तेल	गाय का घी, नारियल तेल	बादाम का तेल, मक्खन,सरसों का तेल.	तिल, अखरोट और अन्य सभी तेलों

<b>मसाले</b>	संधा नमक, सुपारी, हल्दी, लवंग, धनिया, करी पत्ते, पुदीना, मुलहठी, केसर, दालचीनी छाल	नमक, अजवाइन, अजमोद, छोटी इलायची, सौंफ	काला नमक, कलौंजी, अमचूर, लौंग, कोकम और इमली, पिप्पली, सौंठ, काली मिर्च, हींग, लाल और हरी मिर्च, मेथी, जायफल
<b>मीठा एवं बने हरे अन्न पदार्थ</b>	चीनी, मिश्री, मधु, पेठा, आंवले का मुरब्बा, शरबत, धनिया पानक, शीरा, दलिया, चावल या नारीयल की खीर, श्रीखंड	लापसी, मूग की बूंदी के लड्डू, सत्तू	गुड़, फाणित, मिठाइयां, अचार, पुरी, दही बडा, आम और इमली का पान, तिल के लड्डू, सिरका, कांजी बडा, कचौड़ी, समोसा, पाकोड़ी, चाऊमिन, पास्ता, फ्रेंच फ्राई, पिज्जा, पापड़, चूड़ा

**महत्वपूर्ण बिन्दु:**

- चपाती (रोटी) आदि बनाने के लिए मैदा के आटे का प्रयोग न करें ।
- हमेशा ताजे भोजन का प्रयोग करें और बासी भोजन से बचें ।
- तलने के बजाय, घी डालकर या लगाकर प्रयोग करें ।
- भारी, अधिक गर्म, तीखा, चिकना, रुखा, अम्ल, लवण, पतले भोजन सेवन करने से बचें ।
- भोजन करने के तुरन्त बाद दिन सोने से बचें ।
- मल-मूत्र आदि का वेग न रोके ।
- भोजन करते समय अत्यधिक पानी न पीयें ।
- भूखा रहना, असमय भोजन, अत्यधिक भोजन से बचें ।
- क्रोध, शोक, भय, डर आदि से बचें ।
- अत्यधिक मसालेदार, जंक फूड्स, कोल्ड ड्रिंक्स, शराब से बचें ।
- कोल्ड स्टोरेज फूड्स से बचें ।
- अत्यधिक क्षारीय और अम्लीय खाद्य पदार्थों से बचें ।
- दो समय भोजन करें और भूख लगने पर ही भोजन करें ।

संपर्क: डॉ मनजीत सिंह, मोबाइल नंबर 9018850999

**ASSESSMENT CRITERIA<sup>[14]</sup>:** Assessment was done on the subjective parameters. The change in the following parameters was evaluated as:

**Table III: Showing scoring of all symptoms**

Severity	Absent	Mild	Moderate	Severe
Score	0	1	2	3

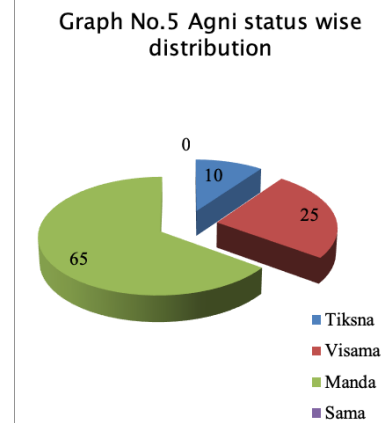
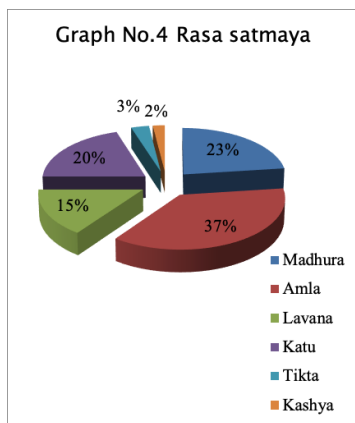
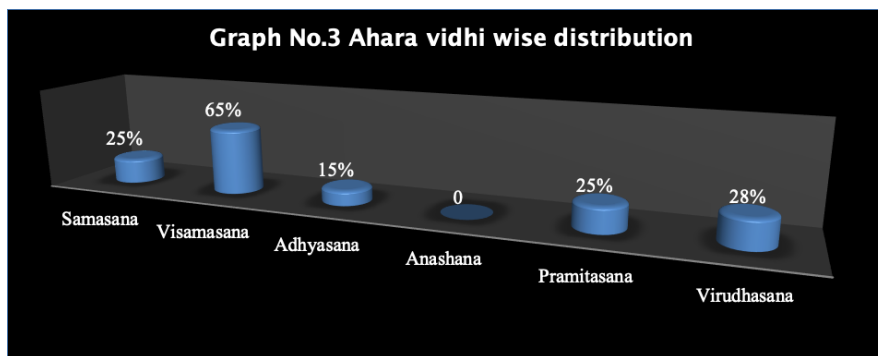
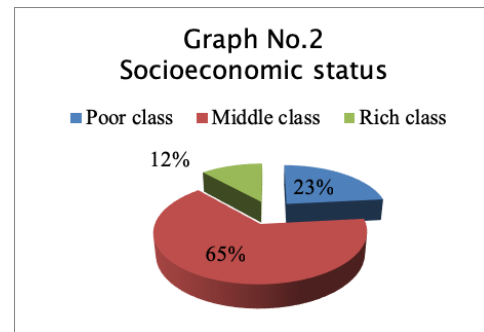
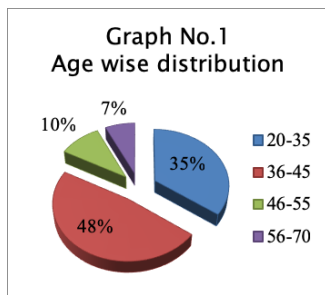
**Statistical Analysis:** Improvement in the cardinal signs and symptoms of the disease on the basis of symptom Grade score was assessed. The information gathered on the basis of above observations was subjected to statistical analysis on GraphPad IntaStat 3 software. Wilcoxon' paired test was applied within the group for all the subjective parameters like Tiktamloudgar, Hritkanthdaha, Kalma, Aruchi etc. Mann Whitney

unpaired test was applied for the subjective parameters to compare the effect of therapies of the two groups.

**Level of significance:**

Insignificant  $p > 0.05$   
Significant  $p < 0.05$  &  $p < 0.01$   
Highly significant  $p < 0.001$

**Observations:**





**Results:**

**Effect of Therapies:**

**Table IV: Showing effect of therapy in Group A on Subjective parameters**

S.No.	Symptoms	Mean			%	SD (±)	SE (±)	p value	Remarks
		BT n=30	AT n=30	BT-AT					
1.	<i>Tiktudgara</i>	1.966	1.40	0.566	29	0.817	0.149	P<0.001	V.SIG.
2.	<i>Amlodgara</i>	1.533	1.167	0.366	24	0.718	0.131	P<0.05	SIG.
3.	<i>Hriddaha</i>	1.200	0.933	0.266	22	0.583	0.106	P<0.05	SIG.
4.	<i>Kanthadaha</i>	1.300	1.100	0.200	15	0.484	0.088	P>0.05	N.SIG.
5.	<i>Udarshoola</i>	1.567	1.367	0.200	12	0.487	0.087	P>0.05	N.SIG.
6.	<i>Klama</i>	1.333	1.167	0.166	12.5	0.379	0.068	P>0.05	N.SIG.
7.	<i>Utklesha</i>	1.500	1.233	0.266	18	0.739	0.135	P>0.05	N.SIG.
8.	<i>Avipaka</i>	1.607	1.33	0.333	21	0.669	0.120	P<0.05	SIG.
9.	<i>Aruchi</i>	1.367	1.167	0.200	15	0.406	0.074	P<0.05	SIG.
10.	<i>Gaurava</i>	1.167	0.933	0.233	20	0.62	0.114	P<0.05	SIG.

**Table V: Showing effect of therapy in Group B on subjective parameters**

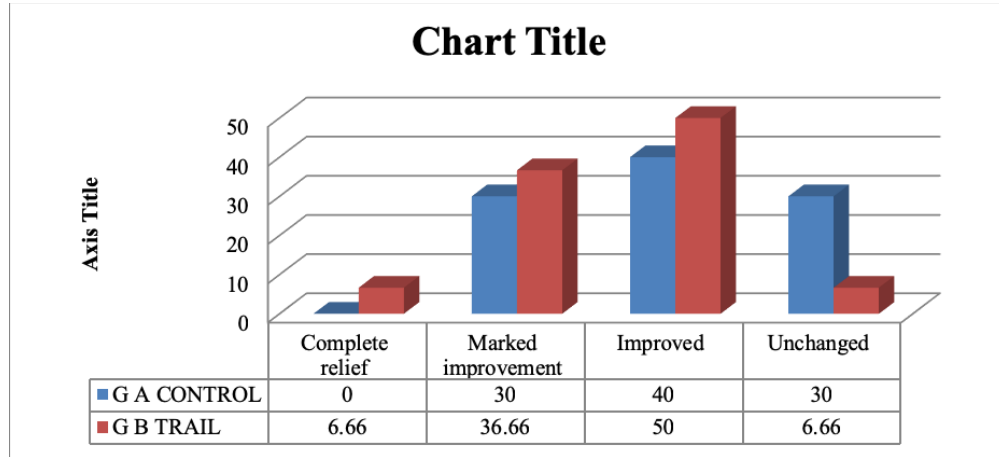
S.No	Symptoms	Mean			%	SD (±)	SE (±)	p value	Remarks
		BT n=30	AT n=30	BT-AT					
1.	Tiktudgara	1.967	1.433	0.533	27	0.814	0.149	p<0.01	M.SIG.
2.	Amlodgara	1.667	0.466	1.200	72	0.998	0.181	p<0.001	E.SIG.
3.	Hriddaha	2.033	1.133	0.900	44	0.803	0.146	p<0.001	E.SIG.
4.	Kanthadaha	2.166	1.3	0.866	40	0.819	0.149	p<0.001	E.SIG.
5.	Udarshoola	1.567	1.00	0.566	36	0.817	0.149	p<0.001	E.SIG.
6.	Klama	2.167	1.767	0.400	18	0.770	0.140	p<0.05	SIG.
7.	Utklesha	1.460	1.067	0.400	27	0.724	0.132	p<0.01	M.SIG.
8.	Avipaka	2.000	0.600	1.400	70	0.968	0.176	p<0.001	E.SIG.
9.	Aruchi	1.700	0.766	0.933	55	0.868	0.158	p<0.001	E.SIG.
10.	Gaurava	2.100	1.533	0.566	27	0.124	0.124	P<0.01	M.SIG.

**Table IV: Inter & Intra-group comparison between Group A and Group B for subjective parameters**

Subjective Parameters	Group – A (Wilcoxon)		Group – B (Wilcoxon)		Intra Group comparison difference between BT & AT		p value & U value on difference of BT & AT (Mann- Whitney test)
	BT (n=30) Mean ±SD	AT (n=30) Mean ±SD	BT(n=30) Mean ±SD	AT(n=30) Mean ±SD	Group-A Mean ±SD	Group-B Mean ±SD	
<i>Tiktudgara</i>	1.96 ± 1.27	1.40 ± 1.13	1.96 ± 1.09	1.43 ± 1.07	0.50 ± 0.81 P<0.005	0.53 ± 0.81 P<0.001	U =467 P>0.05 N.SIG
<i>Amlodgara</i>	1.53 ± 1.13	1.16 ± 0.98	1.66 ±1.18	0.46 ± 0.68	0.36 ± 0.0.71 P<0.01	1.20 ± 0.99 P<0.001	U =671 P<0.003 V.S
<i>Hriddaha</i>	1.20 ± 1.27	0.93 ± 1.11	2.06 ± 0.88	1.13 ± 0.73	0.26 ± 0.58 P<0.05	0.90 ± 0.80 P<0.001	U=621 P <0.05 SIG.
<i>Kanthadaha</i>	1.30 ± 1.08	1.10 ± 0.92	2.16 ± 0.81	1.30 ± 0.94	0.20 ± 0.48 P>05	0.86 ± 0.81 P<0.001	U=806 P <0.05 SIG.
<i>Udarshoola</i>	1.56±1.19	1.36 ± 1.18	1.56±1.22	1.00 ± 0.01	0.20 ± 0.48 P>0.05	0.56± 0.81 P<0.005	U =559 P <0.05 SIG.
<i>Klama</i>	1.33 ± 1.18	1.16 ± 1.08	2.16 ± 0.94	1.76 ± 0.97	0.16 ± 0.37 P>05	0.40 ± 0.77 P<0.05	U =492 P >0.05 N.S.
<i>Utklesha</i>	1.50 ± 1.25	1.23 ± 1.13	1.46 ± 0.04	1.06 ± 0.94	0.26 ± 0.73 P>05	1.40 ± 0.72 P< 0.001	U =504 P >0.05 N.S.
<i>Avipaka</i>	1.66 ± 1.18	1.33 ± 1.06	1.86 ± 0.83	0.26 ± 0.45	0.33 ± 0.66 P< 0.05	1.60 ± 0.82 P<0.001	U =621 P< 0.007 V.S.
<i>Aruchi</i>	1.36 ± 1.29	1.16 ± 1.17	2.00 ±1.11	0.60 ± 0.67	0.20 ± 0.40 P< 0.05	1.40 ± 0.96 P<0.001	U =734 P <0.001 E.S.
<i>Gaurava</i>	1.16 ± 1.34	0.93 ± 1.20	2.10 ± 0.71	1.53 ± 0.93	0.23 ± 0.62 P>05	0.56 ± 0.67 P<0.001	U =584 P<0.05 SIG.



**Graph 6: Showing comparative effect of therapies**



### Discussion:

#### Probable mode of action of drug and diet:

Avipattikar churna is used in Agnimandya (loss of appetite), Constipation, and Hyperacidity (Amlapitta). It's bitter, pungent, astringent in taste, cool (in action) and sweet in post digestive effect removes excess Pitta dosha. Its laxative effect also removes toxins (ama) from digestive system. The dietary items have same properties which have additive effect and helped in giving relief in the Group B, so it showed improvement at all the levels of the therapy as compared to Group A. This means diet when advised with medicine can prove more effective and can enhance the effect of medicine. Acharyas have said that without following proper diet (Pathya Ahara) no drug can be beneficial so here this was seen that prescribed diet has increased the effectiveness of medicine as well as shown its own importance. On comparing the groups for efficacy, Effect was highly significant in Group B at all the levels.

In Amlapitta samprapti the participating dosha are Pitta (rise and vitiation of Amla, Ushna, and Drava guna), Vata (Ruksha and Chala guna are increased), Kapha (vitiated and increased Snigdha, Guru, Sthira guna) which leads to Agnimandya, hence vidagdha avastha, leading to lakshana (signs & symptoms). Dietary factor and Pitta and Vata prakrati play a predominant role in the aetiology of Amlapitta.

1. Nidana parivarjan is the first line of treatment in any disease. Therefore all the Pathya Ahara mentioned in Ayurveda texts regarding Amlapitta disease are Tikta, Madhura, Kashaya rasa, Sheeta veerya and Madhura vipaka and Pitta shamaka which has opposite action on the patho-physiology of the Amlapitta.
2. The properties of Tikta rasa are Krimihara, Dahahara, Aruchihara, Agnivardhaka, Pachana, Kapha Pitta shamaka, Sheeta and Laghu.
3. Madhura rasa is also Pitta shamaka, Dahahara etc. So all these predominant properties were present in the food items included in the diet module have the anti acidity, digestive, appetizer, laxative, etc.
4. The normal pH of gastric acid is 1.5 to 3.5 this acid plays a key role in digestion of proteins by activating digestive enzymes but when this acid is increased by taking more acidic foods the pH is increased which leads to many diseases like hyperacidity, gastric ulcers, acidosis etc.<sup>[12]</sup>
5. All food items included in this diet module were mostly alkaline (pH more than 7) in nature so that the gastric pH should be neutralized and this has showed significant results.

#### Suggestions for future studies:

1. Studies should be conducted on IPD patients with self prepared diet module for more accurate results

on diet.

2. Studies should be done on laboratory analysis of indicated diet on a particular disease.
3. Similar study may be carried out with a sample of high precision, so that results will be more accurate and valid.
4. In this study, the clinical subjective parameters were analyzed. Another study can be conducted using laboratory standards, i.e., by analyzing the gastric aspirations and going to detailed blood investigations.

### Conclusion:

1. Among both the groups Group B showed ( $p < 0.001$ ) extremely significant results than Group A in all parameters.
2. While evaluating the overall effect of therapy, it was observed that in study group 6.66% patients remain unchanged while in control group 30% patients remain unchanged.
3. Pathya Ahara is safe and also improves the efficacy of medicine.
4. Amlapitta is a psychosomatic disease means mental factors play major role with physiological factors, when diet, lifestyle and mental condition get disturbed due to hurry and worries in life, they leads to agnivaishmya which causes annavisha formation and finally disease Amlapitta originates.
5. This disease mainly involves the Rasa, Rakta, Annavaaha and Purishavaha Srotasa.
6. It was observed that patients suffering with Amlapitta (dyspepsia) have strong interest in dietary modifications as part of their therapeutic management. Unfortunately, dietary advice plays only a minor part in published guidelines for the management in Dyspepsia or in other diseases.\
7. No side effect was reported from any group, except few patients complained of mild diarrhoea due to intake of Rajmasha (Red beans) however it is Pathya according to treatment principles of Amlapitta.

### References

1. Dwidedi Lakshmidhar editor & commentator: CARAKA SAMHITA, Sutrasthana:, Publications Chokhamba Krishnadas Academy Varanasi.U.P Ch.30 shaloka no. 26
2. El-Serag HB, Talley NJ. Systemic review: the prevalence and clinical course of functional dyspepsia. *Aliment Pharmacol Ther* 2004;19:643-54
3. Abid S, Siddiqui S, Jafri W. Discriminant value of Rome III questionnaire in dyspeptic patients. *Saudi J Gastroenterol* 2010;17:129-33.
4. Grainger SL, Klass HJ, Rake MO, et al. Prevalence of dyspepsia: the epidemiology of overlapping symptoms. *Postgrad Med J* 1994; 70:154- 161.
5. Singh V, Trikha B, Nain CK, Singh K, Vaiphei K. Epidemiology of Helicobacter pylori and peptic ulcer in India. *J Gastroenterol Hepatol* 2002;17:659-65
6. Tiwari Prof. P.V. English commentary: KASAYAP SAMHITA-Khilasthanam;; Choukhamba Vishvabharti Varanasi, 1996 1st edition:chapter 4 shaloka 6.
7. Dwidedi Lakshmidhar editor & commentator: CARAKA SAMHITA, Sutrasthana:, Publications Chokhamba Krishnadas Academy Varanasi.U.P. Chapter-28, Saloka-45, Page no.605
8. Tiwari Prof. P.V. English commentary: KASAYAP SAMHITA-Khilasthanam;; Choukhamba Vishvabharti Varanasi, 1996 1st edition. chapter 4 shaloka 5
9. <https://www.fda.gov/drugs>
10. Saxena Nirmal, commentary on VENGASENA SAMHITA or CHIKITSASARA SAMGRAHA:Vol-2, Amlapitta Chikitsa, , publisher Chwkhamba Sanskrit Series Office,Varanasi,U.P. Saloka No-78, Page No-772
11. S. Shastri, Madhava Nidanam- Madhukosha comm. With Hindi Vidyotini Comm. Vol. I & II, Chaukhambha Sanskrit Sansthanan, Varanasi.
12. <http://en.m.wikipedia.org/gastric acid>

### सारांशः

परिचयः कई रोगों का मुख्य कारण अहिताहार सेवन माना जाता है। रोग अम्लपित्त भी अपथ्य आहार—विहार से ही होता है यह अस्वास्थ्य जीवन शैली पाचनतंत्र की फिजियोलॉजी को खराब कर देती है और कई पाचन विकारों को उत्पन्न कर देता है उनमें से ही एक अम्लपित्त भी है। 20–30% लोग विश्व में डिसपेप्सिया से ग्रसित हैं। एंटासिड्स दुनिया भर में सबसे व्यापक रूप से इस्तेमाल की जाने वाली दवाई हैं। अमेरिका के खाद्य एवं औषधि प्रशासन (एफडीए) ने चेतावनी दी है कि प्रोटॉन पंप अवरोधक के उपयोग के साथ बोनफ्रैक्चर के जोखिम में वृद्धि हुई है। आधुनिक चिकित्सा की तुलना में आयुर्वेद में हाइपरएसिडिटी या अन्य अमाशय विकारों के लिए बहुत से विकल्प मौजूद हैं। अम्लपित्त के प्रबन्धन में आचार्यों ने आहार एवं औषधियों का प्रयोग करने को कहा है जो तिक्त – मधुर रस, मधुर विपाक, शीत वीर्य और लघु गुण के साथ कफ–पित्त हर हों। विधि: आहार की इस भूमिका को देखते हुए एक प्रयास पथ्याहार और अविपत्तिकर चूर्ण के नैदानिक मूल्यांकन अम्लपित्त रोग में किया गया। 60 रोगियों को इस शोध कार्य के लिए लिया गया जिनमें से 30 ग्रुप ए में और 30 ग्रुप बी में रैंडमली विभाजित किए गये। ग्रुप ए को अविपत्तिकर चूर्ण दिया गया और ग्रुप बी को पथ्य आहार चार्ट के साथ अविपत्तिकर चूर्ण 6 हफ्ते तक लेने को कहा गया। हर 2 हफ्ते बाद उनका निरीक्षण लिए गया। परिणाम: दोनों ग्रुप्स में से ग्रुप ए की अपेक्षा ग्रुप बी का परिणाम हाइली सिग्निफिकेंट रहा। निष्कर्ष: इस अध्ययन से यह पता चलता है की पथ्याहार रोगों की चिकित्सा में कारगर है एवं औषधि की कार्य क्षमता को बढ़ाता है।